

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

4410  
91754,5-2  
FILING DATE  
APPLICANT'S

CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	0						61					
2	0						52					
3	0						53					
4	7						54					
5	1						65					
6	1						66					
7	1						67					
8	1						58					
9	1						69					
10	1						60					
11	1						61					
12	1						62					
13	6						63					
14	1						64					
15	1						65					
16	1						66					
17	1						67					
18	1						68					
19	1						69					
20	1						70					
21	1						71					
22	1						72					
23	1						73					
24	1						74					
25							75					
26							76					
27							77					
28							78					
29							79					
30							80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	2						TOTAL IND.					
TOTAL DEP.	22						TOTAL DEP.					
TOTAL CLAIMS	24						TOTAL CLAIMS					